

Mr & Mrs V Game

The Briars

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

We inspected The Briars on 22 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The Briars provides care and accommodation to maximum number of five people who have a learning disability. The home is situated in a residential area of Saltburn. Communal facilities consist of a family style lounge, a dining room and a kitchen. Bedrooms are for single occupancy and are on the first and second floor of the home. The home is close to shops, pubs and public transport.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was on annual leave at the time of the inspection; however a senior care assistant who had worked at the home for many years was able to assist us with the inspection process.

Summary of findings

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and staff had received safeguarding training. Staff were aware of the action to take if abuse was suspected.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, however one bedroom window required restrictors to ensure the safety of people. The senior care assistant locked this window at the time of the inspection to ensure that people did not come to any harm. Some water temperatures of baths and showers were too cool.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

We saw that staff had received supervision on a regular basis and that staff had received their annual appraisal for 2014.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions, however they had not received formal training in respect of this.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. We did note that the provider application form and reference request did not ask people to confirm dates of employment. This meant that gaps in employment might not be explored.

At the last inspection of the service in October 2013 we found some concerns in relation to the management of medicines. Staff did not have written guidance for medicines to be given as required. Staff did not have written guidance for those people who were prescribed creams. Staff had not recorded the temperature of the medication room to ensure that medicines were stored at the correct temperature. At this inspection we found that the provider had not taken action to address our concerns.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, showed understanding, were patient and interacted well with people. When people became anxious staff provided reassurance.

We saw that staff closely monitored people and their nutrition and where necessary made referrals to the dietician, however, staff had not undertaken nutritional screening to identify specific risks to people.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We found that people did not have a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they were admitted to hospital.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Support plans were developed with people who used the service to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The manager had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe, however some improvement was needed.

Staff were knowledgeable in recognising signs of potential abuse and said that they would report any concerns regarding the safety of people to the provider. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, however one bedroom window required restrictors to ensure the safety of people and some water temperatures of baths and showers were too cool.

There were sufficient skilled and experienced staff on duty to meet people's needs. Good recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

We found that some improvements were needed in relation to the management of medicines. Staff did not have written guidance for medicines to be given as required. Staff did not have written guidance for those people who were prescribed creams. Staff were not recording the temperature of the room in which medicines were stored. If medicines are not stored at the correct temperature they can lose their effectiveness.

Requires Improvement



Is the service effective?

The service was effective, however some improvement was needed.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards; however staff had not received training in respect of this.

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. We found that people did not have a hospital passport.

Requires Improvement



Is the service caring?

This service was caring.

People were well cared for. We observed that staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Summary of findings

People were treated with respect and their independence, privacy and dignity were promoted. People were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how people wanted their care to be provided.

Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a range of activities and outings. We saw people were encouraged and supported to take part in activities

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Good



Is the service well-led?

The service was well led.

Staff told us that the service had an open, inclusive and positive culture.

Staff meetings took place regularly and staff were encouraged to share their views.

There were systems in place to monitor and improve the quality of the service provided.

Good



The Briars

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected The Briars on 22 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The information included reports from local authority contract monitoring visits. We did not

ask the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service. We spoke at length with the senior care assistant and briefly with a care assistant as they were out with people who used the service for the majority of the visit. Before the inspection we contacted a representative from the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at one person's care records, the recruitment records of the staff member employed in the last 12 months, training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms and communal areas.

Is the service safe?

Our findings

We asked people who used the service about safety, they told us, “I’m safe.” Another person said, “They (the staff) always come out with me to make sure I’m safe.”

During the inspection we spoke with staff about safeguarding vulnerable adults. They were aware of the different types of abuse and what would constitute poor practice. They told us they had confidence that the registered manager would respond appropriately to any concerns. Staff said abuse and safeguarding was discussed with staff on a regular basis. Staff told us that they had received safeguarding training at induction and regularly thereafter. We were told that staff had last received safeguarding training in February 2014. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy which informed staff of the agencies they should contact if abuse was suspected.

Staff told us they had undertaken refresher training in emergency life support. We saw records to confirm that this training had taken place in March 2014. A staff member we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

The senior care assistant told us that water temperature of showers, baths and hand wash basins in communal areas and bedrooms were taken and recorded on a regular basis to make sure that they were within safe limits (43 degrees Celsius + or – two degrees). The senior care assistant said that they made sure that all showers, baths and hand wash basins were tested at least once a month. We looked at records of water temperatures and saw that some temperatures were too cool (38 and 39 degrees Celsius). The senior care assistant said that they would contact a plumber to increase the temperatures. We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried on fire extinguishers. We saw that portable appliance testing (PAT) had taken place.

We were told that a new boiler had been fitted. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We looked around the home and saw that the top opening window in a bedroom on the second floor was not restricted to ensure people's safety. A window restrictor limits the opening of windows to ensure that people do not come to harm. The senior care assistant locked this window at the time of the inspection and said that a restrictor would be fitted as a matter of urgency.

Risks to people's safety had been assessed by staff. Risk assessments were evident in the care file looked at during the inspection and had been reviewed on a regular basis. Risk assessments covered areas such as health, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people's behaviours that challenged. They told us of actions they would take to minimise the identified risk. We spoke with staff who told us how they supported two people who used the service to access the local community and when visiting family. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The senior care assistant said that the service did not have a fast turnover of staff and that only one staff member had been recruited in the last 12 months. We looked at this staff member's file and saw that the provider operated a safe recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We did note that the provider application form and reference request did not ask people to confirm dates of employment. This meant that gaps in employment might not be explored.

Is the service safe?

Through our observations and discussions with people and staff members, we found there was enough staff with the right experience to meet the needs of the people who used the service. At the time of the inspection there were five people who used the service. We saw duty rotas which confirmed that during the day there were two staff on duty. On night duty there was one staff member who went to bed and slept when people who used the service were in bed. This person could be called upon during the night should they be needed.

The senior care assistant told us about the arrangements that were in place for obtaining medicines and checking these on receipt into the home. They told us how staff carried out visual checks to make sure that they received the appropriate medicines and the correct quantity. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required' PRN. We were told that the service did not have any written guidance for each individual person as to why a prn is required, how it is to be administered and dosage information. This was also

pointed out at our inspection of the service in October 2013. The senior care assistant told us that they would contact the pharmacist for the North of England Commissioning Support Team to obtain PRN templates. This would help make sure that medicines were administered appropriately and in a consistent way.

We saw that one person was prescribed creams; however they did not have a topical medicines application record (TMAR). A TMAR gives guidance to staff on the application of creams. This was pointed out to the senior care assistant who told us that they would obtain a TMAR and put in place. Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. We found that room temperatures were not monitored daily to ensure that medicines were stored within the recommended temperature ranges. This was also pointed out at our inspection in October 2013. The senior care assistant said that they would ensure that room temperatures were taken and recorded with immediate effect.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people about the service, they told us that they liked the staff and were provided with quality care and support. One person said, “They (the staff) are really nice.” Another person said, “It’s nice here.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw certificates on two staff files to confirm that staff had received training in: safeguarding vulnerable adults, food hygiene, fire, health and safety, infection control and administration of medicines.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place in January, March, May, July and October 2014. We saw that appraisals had been carried out for the two staff files that we looked at during the inspection. One staff member said, “We work as a team.” We were told management were very supportive. We saw that newly recruited staff undertook induction.

The senior care assistant that we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005 and how to make ‘best interest’ decisions. They told us about the MCA statutory principles in presuming people had capacity and how they helped and supported people to make their own decisions. Staff we spoke with told us that they had not attended formal training in the MCA 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The senior care assistant said that they would organise formal training for all staff in MCA 2005.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is

in their best interests. Staff we spoke with had a good understanding of DoLS. We found that staff had not received formal training in relation to DoLS. We were told that this training would be arranged for all staff.

The senior care assistant told us that food choices were discussed with all people who used the service on a daily basis. We looked at two weeks of recent menus and saw that people were provided with a varied selection of meals. People who used the service were involved in both shopping and meal preparation. On the day of the inspection we saw one person helped set the table and then washed up after lunch. They told us, “I like to help in the kitchen.” People told us that they had planned the Christmas day menu. They told us, “We are having pigs in blankets and I have made some mince pies.” They also said, “Pork and turkey for Christmas dinner and we’ve got stuffing.”

At lunch time we heard that people were offered choice. People were offered eggs and / or bacon or a sandwich. We saw that portion sizes were good and that people enjoyed the food provided.

We saw that people were supplied with a plentiful supply of drinks. One person said, “I like blackcurrant tea.”

We saw that staff monitored people’s weight for losses and increases. We asked the staff what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. Staff told us that they closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw records of such visits to confirm that this was the case. However, staff did not complete nutritional assessment documentation. A discussion took place with the senior care assistant about the Malnutrition Universal Screening tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. The senior care assistant told us that staff at the service would undertake nutritional screening as a matter of priority.

The senior care assistant told us that all people who used the service were registered with a doctor. We saw records to confirm that people had visited or had received visits from the dentist, optician, podiatrist, dietician and their doctor. One person said, “I had a blood test.” Another person pointed to their arm and said, “I have had my flu jab.” One person told us that they had just been to the

Is the service effective?

optician and showed us their new glasses. One person told us how staff had supported them through a mammogram. Staff had clearly explained the procedure to them before the examination. A mammogram is an x-ray of the breast to try and identify breast cancer as part of early screening. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We found that people did not have a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. The senior care assistant said that they would ensure that a hospital passport was developed for all people who used the service.

Is the service caring?

Our findings

People who used the service described staff as, “Kind” and “Nice.”

During the inspection we sat in the communal lounge and dining room so that we could see both staff and people who used the service. We saw that both staff and people who used the service spoke to each other with respect. Staff were attentive, showed understanding, were patient and interacted well with people. We saw that staff adjusted people’s clothing to ensure their dignity. When people became anxious staff provided reassurance. Staff showed a genuine interest and listened to people. We saw that staff engaged people in conversation and encouraged them to talk. This showed that staff were caring.

We saw how people who used the service were caring with each other. We saw that one person wiped the mouth of another service user when they had finished their food. We saw how two people sang songs and then gave each other a hug.

Staff that we spoke with showed concern for people’s wellbeing and knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time. Two people

decided to spend time together and do some crafts, whilst another person decided that they wanted to go out. On their return they decided to spend some time in their bedroom. The service was spacious and allowed people to spend time on their own if they wanted to. This helped to ensure that people received care and support in the way that they wanted to. One person who used the service said, “It’s good here.”

Staff told us how they respected people’s privacy. They said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, get up, go to bed and activities they wanted to take part in. Staff told us how they shut people’s curtains and door when providing personal care and how they knocked on their door before entering. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

The environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The senior care assistant was aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

People who used the service attended day services. Staff and people who used the service told us that there was a plentiful supply of activities and outings. We were told how people went shopping, to the café and out for meals.

People who used the service told us that they took part in a varied selection of activities such as an in-house disco, crafts, jigsaws, bingo and other games. One person said, “I Went to Redcar for fish and chips.” Another person said, “I like to glue pictures.”

Staff and people who used the service said they were looking forward to Christmas and that there was a plentiful supply of activities. People had been out on a Christmas celebration to a local pub / hotel. One person said, “We had dinner first then crackers.” People showed us Christmas decorations that they had made and were proud that they were on display in the dining room.

On the day of the inspection we saw that one person helped themselves to paper, glue and scissors. They told us that they enjoyed cutting out pictures and making collages. Another person decided to join in. We saw that staff helped them to cut out the pictures which they then glued to the paper. Another person went out with staff to the shops and came back with a magazine and a piece of cake. One person who used the service put on music so that they could sing and dance.

Staff told us that people had been on day trips out during the course of the year rather than a holiday. People told us that they had enjoyed a trip to the Royal Society for the Protection of Birds (RSPB) at Saltholme. They had enjoyed seeing the different types of birds and had their lunch out. People had also enjoyed spending a day with animals at Coulby Farm. This helped to ensure the wellbeing of people.

People’s needs were assessed upon referral to establish if The Briars was a suitable placement and able to meet the person’s needs. Information was provided by the referring agency on the person’s care and support needs. Before moving in people visited the service during the day and stayed overnight. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

During our visit we reviewed the care records of one person. This person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person’s likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. People told us they had been involved in making decisions about care and support and developing the plans. Since the last inspection we saw that the registered manager and staff had developed care plans for people in a way that they could read and understand. We saw that some care plans contained pictures. One person told us how they had helped staff in developing their plan of care and support and that they had signed it when it was finished.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and people who used the service spoke of person centred planning (PCP). PCP provides a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Staff were responsive to the needs of people who used the service.

Staff told us people who used the service and relatives were given a copy of the complaints procedure when they moved into the service. The procedure referred people to the Care Quality Commission for independent review if they were not satisfied with the outcome of their complaint. We spoke with the senior care assistant about this and explained that we could not investigate individual concerns / complaints. However, we were interested in people’s views about the service. The senior care assistant told us that the procedure would be amended.

During the inspection we spoke with people who used the service who told us that if they were unhappy they would speak to staff. They told us that staff listened to them.

The senior care assistant told us that any concerns or complaints were taken seriously. There had not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service told us that they liked the registered manager. They said, “She (the registered manager) is nice and kind.” The registered manager was on annual leave at the time of the inspection; however the senior care assistant was able to help us with the inspection process. The senior care assistant told us how they worked very closely with the registered manager to ensure the smooth running of the service. They told us how the registered manager had encouraged them to develop their managerial skills and obtain an NVQ level 5. The senior care assistant told us they were looking forward to commencing this course.

The senior care assistant said, “We work very much as a team. There is only six staff and we work well together.” They said that the registered manager clearly communicated their values to staff. We were told that the registered manager had an open door policy and worked with staff on a day to day basis to support people who used the service. The senior care assistant told us the importance of treating people as individuals. Staff told us that the culture within the service was open and transparent and that the registered manager encouraged them to make suggestions about change.

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and that were encouraged to share their views. We saw records of staff meetings which had taken place in February, June and September 2014.

The senior care assistant showed us the accident record of people who used the service. Analysis of accidents was not needed as accidents were infrequent.

The senior care assistant told us of various audits and checks that were carried out on the environment to ensure health and safety. We saw that health and safety audits were undertaken as were audits of care records.

We saw that staff had regular meetings (weekly) with people who used the service to seek their views and ensure that the service was run in their best interest. We saw records of these meetings. We saw that people had discussed activities, outings, food and what they would like to do over Christmas period. Records looked at showed that people were asked to reflect on activities and outings to see if they had been enjoyed them and if so they could be arranged again.

Before the inspection we contacted a representative from the local authority to find out their views of the service. They told us that they did not have any concerns in relation to this service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not protect service users against the risks associated with the unsafe use and management of medicines. Staff did not have written guidance for medicines to be given as required. Staff did not have written guidance for those people who were prescribed creams. Staff were not recording the temperature of the room in which medicines were stored.</p>